Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control nu

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO 875

Application or Docket Number

								10 100181				
C			CLAIMS AS FILED -			PART I (Column 2)		SMALL ENTITY		OR	OTHER	
FOR			NUMBER FILED		NÚME	NÚMBER EXTRA		ATE	FEE		RATE	FE
BASIC FEE (37 CFR 1.16(a))									s	OR		\$
TOTAL CLAIMS (37 CFR 1.16(c))				minus 2	0 = .	= .		=		OR	x \$ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))			minus 3		3 = •		× \$_	=======================================	1	OR	× \$=	
MULTIPLE DEPENDENT O			`				+ \$_	=		OR	+ \$=	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TO	TAL		OR	TOTAL		
	,	CLAIM	S AS AM	IENDED	– PART II							
((olumn 1)	*,	(Column 2)	(Column 2) (Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTIT	
AMENDMENT A		RE	CLAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADD TION FEI
	Total (37 CFR 1.16(c))	•		Minus	••	=	× \$	=		OR	X \$ = .	
EN	Independent (37 CFR 1.16(b))	•		Minus	•••	Ξ	× \$	=		OR	x \$ =	
¥	FIRST PRESEN	NOITATION	OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))	+ \$	=		OR		
							TOTAI ADD'L			OR	+ \$ = TOTAL ADD'L FEE	
		(Co	umn 1)		(Column 2)	(Column 3)					•	
NOMENT B		REA A	LAIMS MAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADD TION/ FEE
OM O	Total (37 CFR 1.16(c))		25	Minus	35	=	× \$	=		OR	X \$=	
1EN	Independent (37 CFR 1.16(b))		3	Minus	··· 3	=	× s	=		OR	x s =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$	Ξ		OR	+ \$ =		
					<u>.</u> .		TOTAL ADD'L			OR	TOTAL ADD'L FEE	
		(Coli	umn 1)		(Column 2)	(Column 3)	,	•				
C		REM	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Ē	ADDI- TIONAL FEE		RATE	ADD TION/ FEE
	Total (37 CFR 1.16(c))			Minus	••	=	× \$	_ =		OR	x \$ =	
AMENUMEN	Independent (37 CFR 1.16(b))			Minus .	•••	=	× \$	=		OR	x \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							=		OR	+ \$ =	
							TOTAL ADD'L I	EE		OR L	TOTAL ADD'L FEE	

[•] If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.